



Information Systems – New/Rehire Form Student Worker and Federal Work Study Students

To Be Completed by the SUPERVISOR:

(Complete all the required information to ensure accounts are set-up correctly. *Please print clearly.*)

Full Name of Work Study Student: _____

Start Date: _____

Last Four Digits of Student Social Security Number: _____

Fisher ID Number: _____

Employee Type:

Federal Work Study Student

Student Worker

Name of Supervisor: _____

Supervisor's Job Title: _____

Department Name: _____

Department Code / Cost Center (i.e. 1100): _____

Office Location: _____

Recommended Scan Permissions: _____

Create a Work Study email account: (Circle one) Yes No

Access to department email account: (Circle one) Yes No

Equipment Request: _____

Supervisor Signature: _____ Date: _____

Please email completed form to is-team@fisher.edu